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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

Attorney Docket Number	H 3933 PCT/US
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First Named Inventor	Akram, Mustafa
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COMPLETE IF KNOWN

Application Number	
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Filing Date	
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Group Art Unit	
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Examiner Name	
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As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOSPHATE-TYPE TENSIDES COMBINED WITH HAIR CONDITIONING AGENTS IN HAIR COLOURING COMPOSITIONS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 03/22/2000 as United States Application Number or PCT International

Application Number PCT/EP00/02538 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
199 14 927.5	Germany	04/01/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/02538	03/22/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name Customer Number or label
OR

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062		
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number or label 00423 OR Fill in correspondence address below

Name	Kimberly R. Hild					
Address	Henkel Corporation					
Address	2500 Renaissance Blvd, Suite 200					
City	Gulph Mills	State	PA	Zip	19406	
Country	USA	Telephone	610-278-4964	Fax	610-278-6548	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Mustafa		Middle Initial		Family Name	Akram		Suffix e.g. Jr.		
Inventor's Signature						Date				
Residence: City	Hamburg		State		Country	Germany		Citizenship	Germany	
Post Office Address		Zylberbergstr. 14								
Post Office Address										
City	22457 Hamburg		State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Wolfgang	Middle Initial		Family Name	Wolff	Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Residence: City	Bargteheide	State		Country	Germany	Citizenship	Germany
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Post Office Address	Neue Strasse 36						
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Post Office Address							
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City	22941 Bargteheide	State		Zip	Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Sandra	Middle Initial		Family Name	Rohweder	Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Residence: City	Hamburg	State		Country	Germany	Citizenship	Germany
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Post Office Address	Daimlerwiete 3						
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Post Office Address							
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City	22763 Hamburg	State		Zip	Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Residence: City		State		Country		Citizenship	
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Post Office Address							
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City		State		Zip	Country		Applicant Authority	
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Residence: City		State		Country		Citizenship	
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City		State		Zip	Country		Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto